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Commissioner of Securities & Insurance
Office of the Montana State Auditor
Securities Department
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CSI SECURITIES DEPARTMENT COMPLAINT FORM

Please print or type

Today's Date: _____

Investor Information

Name of Investor: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: (Day) _____ (Eve): _____

Best time to call: _____ Email: _____

Name of person completing this form, if different than investor: _____

Relationship to investor: _____

Complaint Against

Name of business: _____

Name of person you dealt with: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Your Complaint

Date you were first contacted: _____

Amount invested: _____ Date invested: _____

How were you contacted? Phone, In Person, Internet (*Circle one*) Other: _____

Who offered and/or sold you this investment? _____

Did you initiate contact or were you contacted by firm/person? _____

What did you buy or what were you offered? Stock, Bond Fund, Limited Partnership, Membership Units, Certificate of Deposit, Viatical Settlement, Variable Annuity (*Circle one*)
Other: _____

How did you pay for the investment? Personal check, Cashier's Check, Wire Transfer, Cash, Securities (*Circle one*) Other: _____

Did you sign any document? Yes No (*Circle one*)
If yes, what did you sign? (Attach copies, if available) _____

Did you receive any materials describing the investment? Yes No (*Circle one*)
If yes, describe materials or attach copies to complaint: _____

Please provide a detailed explanation of your complaint. Include names, addresses, dates, and amounts. Be sure to describe what you were told about the investment and transaction:
Description of Company, Type of Business, Risks of Investment, Guarantees of Profit from Investment, Names of Individuals Involved in Company.

Please send or fax complaint to:

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